



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



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Conrad 30 J-1 Visa Waiver
Statement of Commitment to Comply

I understand that the purpose of the J-1 Visa Waiver Program is to provide increased primary and specialty healthcare to the medically underserved population in the service area. I understand and agree and that the provision of such services is in exchange for the request of a letter of support from the Department of New Hampshire Health & Human Services, Division of Public Health Services, Rural Health and Primary Care Section. I agree to comply with all Conrad 30 J-1 Visa Waiver Requirements of Division of Public Health Services, Rural Health & Primary Care Section including:

- Must begin employment within 90 days of notice of approval from Department of State Waiver Division.
- Notify the Rural Health & Primary Care Section, Workforce Coordinator of the J-1 physicians' local address and phone number as soon as possible.
- Notify the Rural Health & Primary Care Section, Workforce Coordinator of the physician's actual start date.
- Submit semi-annual reports regarding the population served to the Rural Health & Primary Care Section, Workforce Coordinator.
- Fulfill a three-year commitment to serve full-time (40 hours/week) in an outpatient clinical setting at the facility named in the waiver application.
- Approval must be obtained in writing from the Division of Public Health Services, Rural Health & Primary Care Section before any changes in practice location or scope occur.

Physician's Printed Name _____

Physician's Signature _____ Date _____

Printed Name (Facility's Authorized Representative) _____

Signature (Facility's Authorized Representative) _____

Title _____ Date _____

Facility Name _____